

In The State Of South Carolina

In The Court Of Appeals  
[Supreme Court]

Appeal from McCormick County  
Court Of Common Pleas

Judge Thomas G. Cooper, Jr.

Case No. 2011-CP-35-0113

**RECEIVED**

MAR 06 2015

**SC Court of Appeals**

South Carolina Department Of Corrections . . . . . Respondents,

v.

Anthony James, 310987. . . . . Appellant.

Motion to Proceed Informa  
Pauperis

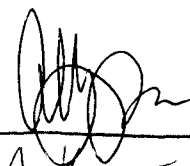
I, the appellant, Anthony James, am indigent and without the funds available to prepay fees for filing or to provide security thereof. I ask that this Court allow me to proceed without payment of the filing fee.

Respectfully Submitted.

Sworn to and Subscribed to before me  
this 03 day of March 2015 2015.

J. Grancler  
Notary Public

My Commission Expires: 12-16-2019



Anthony James 310987  
386 Redemption Way  
McCormick, SC 29899

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LEAF WAF

RECEIVED

MCCI

FEB 04 2015

INMATE TRUST FUND ACCOUNT REPORT  
for SOUTH CAROLINA COURT FILING FEES

MCCI  
MAIL ROOM

52

188

RECEIVED

FEB 18 2015

MCCI  
MAIL ROOM

INSTRUCTIONS TO INMATE: Complete top portion then give to your mailroom. When returned from Accounting, you must mail this form with any payment to the Court.

By signing my name below, I am asking the Financial Accounting Office of the South Carolina Department of Corrections to complete this report. In accordance with SC Code of Laws §24-27-100 and 150, I authorize payment of the full filing fee. If I have insufficient funds in my account at this time to pay the court's full filing fee, I authorize SCDC to deduct the initial and subsequent payments until payment is completed.

INMATE NAME (print): Anthony James

SCDC# 310987 - INMATE SIGNATURE: [Signature]

I plan to file this action in the SC County of Charleston

The section below is for SCDC - Financial Accounting Branch's use ONLY.

- (1) Total deposits to inmate's account for preceding six months' period\* ..... \$ 0
- (2) Twenty percent (20%) of line 1 ..... \$ 0
- (3) Account balance - current date ..... \$ 0
- (4) PAYMENT AMOUNT \*\*  
(lesser of line 2 or line 3) ..... \$ 0  
Enclosed check # \_\_\_\_\_ \$ \_\_\_\_\_

\*\*NOTE to COURT: If payment is for partial fee, Court must notify SCDC once case is accepted and filed. Send notice with case # and balance owed to address below. SCDC will NOT process any additional payments until notification is received from Court.

South Carolina Department of Corrections  
Financial Accounting - Room 234  
PO Box 21787  
Columbia, SC 29221-1787

\*Admission date is noted here if inmate incarcerated less than six months 1 1

Prepared by [Signature] Date 2/12/15  
Financial Accounting Branch - SCDC

LEGAL MAIL  
MAIL ROOM

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Proof Of Service

I certify that I have served the Motion to Proceed  
Informa Pamperts by depositing a copy of it the United States  
Mail, postage prepaid, on [ ] addressed to,  
Steven M. Pruitt, 414 Main Street, Greenwood, SC 29648.

Sworn to and Subscribed to before me  
this \_\_\_ day of \_\_\_ 2015.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



Anthony James 310987  
386 Redemption Way  
McLain, SC 29899

I declare under penalty of perjury that  
the foregoing is true and correct. Executed  
this 3rd day of March 2015.